

NOV 30 2006

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NAME:	FACSIMILE:	TELEPHONE:
Mail Stop Amendment	(571) 273-8300	

**FROM:** Barbara M. Hayashi**DATE:** November 30, 2006

Number of pages with cover page:	12	Our Reference 480052001000
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Preparer of this slip has confirmed that facsimile number given is correct: **11487/BMH2****Comments:**

Application No. 10/564,341

Attached: a) Transmittal Form, b) Fee Transmittal (original and duplicate), c) Preliminary Amendment – 8 pages.

\*\*\*\*\*

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oc-309330

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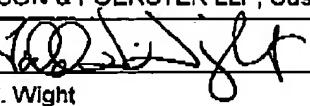
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/564,341
		Filing Date	January 11, 2006
		First Named Inventor	Michael VOGEL
		Art Unit	3763
		Examiner Name	Not Yet Assigned
Total Number of Pages in This Submission	11	Attorney Docket Number	480052001000

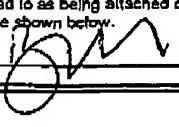
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP, Customer No. 25224		
Signature			
Printed name	Todd W. Wight		
Date	November 30, 2006	Reg. No.	45,218

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted by facsimile to the Patent and Trademark Office, facsimile no. (571) 273-8300, on the date shown below.

Dated: November 30, 2006

Signature: 

(Barbara Hayash)

oc-321305

PTO/SB/17 (01-08)

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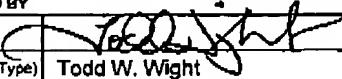
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Fees pursuant to the Consolidated Appropriations Act, 2006 (H.R. 4818).		Complete if Known	
<b>FEE TRANSMITTAL</b> For FY 2006		Application Number	10/564,341
		Filing Date	January 11, 2006
		First Named Inventor	Michael VOGEL
		Examiner Name	Not Yet Assigned
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3763
<b>TOTAL AMOUNT OF PAYMENT</b> (\$ 450.00)		Attorney Docket No.	480052001000

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<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP					
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<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17		<input checked="" type="checkbox"/> Credit any overpayments			

<b>FEE CALCULATION</b> (All the fees below are due upon filing or may be subject to a surcharge.)							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
<b>Application Type</b>	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee (\$)</b>	<b>Small Entity</b>	<b>Fee Paid (\$)</b>
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							
Each claim over 20 (including Reissues) _____							
Each independent claim over 3 (including Reissues) _____							
Multiple dependent claims _____							
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>			
30	- 20 = 9	× 50.00	= 450.00	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	_____	
HP = highest number of total claims paid for, if greater than 20, _____							
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	_____			
2	- 3 = 1	× 1	= 1	_____			
HP = highest number of independent claims paid for, if greater than 3, _____							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
_____	- 100 = _____	/50 (round up to a whole number) × _____ = _____		Fee Paid (\$)	Fee Paid (\$)	Fee Paid (\$)	
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount) _____							
Other (e.g., late filing surcharge): _____							

<b>SUBMITTED BY</b>	
Signature	
Name (Print/Type)	Todd W. Wight
Registration No. (Attorney/Agent)	45,218
Telephone	(949) 251-7189
Date	November 30, 2006

oc-321304

PTO/SB/17 (01-06)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

		Complete if Known	
		Application Number	10/564,341
		Filing Date	January 11, 2006
		First Named Inventor	Michael VOGEL
		Examiner Name	Not Yet Assigned
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	3763
TOTAL AMOUNT OF PAYMENT (\$)		Attorney Docket No.	480052001000

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<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP				

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<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

## FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

## 2. EXCESS CLAIM FEES

## Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
30	- 20 -	9	x 50.00 = 450.00

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
2	- 3 -	x	=

HP = highest number of independent claims paid for, if greater than 3.

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FOR FEE PROCESSING

Small Entity	
Fee (\$)	Fee (\$)
50	25
200	100
360	180

## 3. APPLICATION SIZE FEE

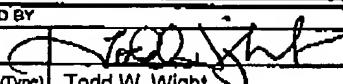
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	- 100 =	/50	(round up to a whole number) x	=

## 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): \_\_\_\_\_

SUBMITTED BY		Registration No. (Attorney/Agent)	Telephone
Signature		45,218	(949) 251-7189
Name (Print/Type)	Todd W. Wight	Date	November 30, 2006

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(Barbara Hayashi)

Docket No.: 480052001000  
(PATENT)

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:  
Michael VOGEL et al.

Application No.: 10/564,341

Filed: January 11, 2006

Art Unit: Not Yet Assigned

For: ADJUSTABLE SAFETY CLIP

Examiner: Not Yet Assigned

FIRST PRELIMINARY AMENDMENT

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

**INTRODUCTORY COMMENTS**

Prior to examination on the merits, Applicant respectfully requests entry on this Preliminary Amendment for the above-captioned patent application.

**Amendments to the Specification** begin on page 2 of this paper.

**Amendments to the Claims** are reflected in the listing of claims which begins on page 3 of this paper.

**Remarks/Arguments** begin on page 8 of this paper.

oc-311831